

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586,083

FILING DATE

07/13/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		0		1		
3		0		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8	1		1			
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
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50						
TOTAL IND.	2	0	2	0		0
TOTAL DEP.	13	0	13	0		0
TOTAL CLAIMS	15	0	15	0		0

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						0
TOTAL DEP.						0
TOTAL CLAIMS	15	0	15	0		0